

**State of Indiana Employee Plan Information**

Name of medical plan : Wellness Consumer Driven Health Plan  
 Type of medical plan: HDHP with HSA  
 Plan Year: 1/1/2015 - 12/31/2015  
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	1970	\$ 4,531.80	\$ 8,927,646.00
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	4648	\$ 13,781.04	\$ 64,054,273.92
		<b>Total Employer Plan Cost</b>	<b>\$ 72,981,919.92</b>

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)  
 Type of medical plan: HDHP with HSA  
 Plan Year: 1/1/2015 - 12/31/2015  
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	7306	\$ 4,781.40	\$ 34,932,908.40
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	9596	\$ 14,280.24	\$ 137,033,183.04
		<b>Total Employer Plan Cost</b>	<b>\$ 171,966,091.44</b>

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2)  
 Type of medical plan: HDHP with HSA  
 Plan Year: 1/1/2015 - 12/31/2015  
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	883	\$ 5,183.88	\$ 4,577,366.04
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	750	\$ 15,085.20	\$ 11,313,900.00
		<b>Total Employer Plan Cost</b>	<b>\$ 15,891,266.04</b>

Name of medical plan : Traditional PPO  
 Type of medical plan: PPO  
 Plan Year: 1/1/2015 - 12/31/2015  
 Is the plan fully insured or self insured: Self Insured

	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	431	\$ 5,782.92	\$ 2,492,438.52
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	152	\$ 16,283.28	\$ 2,475,058.56
		<b>Total Employer Plan Cost</b>	<b>\$ 4,967,497.08</b>

1	Total number of health insurance eligible employees including Board members and legal counsel	29,699
2	Are all individuals insured under the state's employee health coverage eligible for the same plans?	Y
2a	If your answer is "N", please explain how your practice comports with IC 20-26-17-5(4)(A).	
3	How many employees receive compensation for electing not to enroll in the group health insurance program?	0
4	What is the annual dollar amount paid to employees that elect not to enroll in the group health insurance program?	\$ -
5	Additional compensation, if any, provided to member(s) to offset the cost of health care coverage?	\$ -
5a	Please provide an explanation of any arrangement	
6	Does the State offer/sponsor an on-site clinic?	Y
6a	If so, is it funded outside the health plan?	N
7	Total number of employees including Board members and legal counsel enrolled in your health plans	25,736
8	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan Cost" from Section 2 for all health plans offered by the State)	\$ 265,806,774.48
9	Total annual employer contributions for all participants to a Health Savings Account (HSA), Health Reimbursement Account (HRA), Medical Flexible Spending Account (FSA), or Active VEBA	\$ 38,339,205.84
10	Total Broker or Benefit Consultant fees paid if they are not included in the premium.	\$ -
11	Sum of line 8-10	\$ 304,145,980.32
12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$ 11,817.92